

## STATEMENT REGARDING INFANT FEEDING

This form must be completed if the parent or guardian declines the facility's offer to provide infant formula or other meal components.

Name of facility (provider or center): \_\_\_\_\_

Name of infant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

- \_\_\_\_\_ 1. I decline the provider's offer to supply ( ) iron fortified infant formula for my child. I will supply the formula. I accept the provider's offer to supply other meal components.
- \_\_\_\_\_ 2. I accept the provider's offer to supply ( ) iron fortified infant formula for my child. I decline the provider's offer to supply other meal components for my child. I will supply other meal components.
- \_\_\_\_\_ 3. I decline the provider's offer to supply infant formula and other meal components for my child. I will supply all food for my child.
- \_\_\_\_\_ 4. I will supply breast milk for my child. I accept the provider's offer to supply other meal components.

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Parent signature
Date

Date \_\_\_\_\_